

APPLICATION DATA SHEET

Application number::
Filing Date::
Application Type:: Continuation-in-Part (Utility)
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: SURGICAL PERFORATION DEVICE AND METHOD
WITH PRESSURE MONITORING AND STAINING
ABILITIES
Attorney Docket Number:: 12361-10US-1 JEL
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 10
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Naheed
Middle name::
Family name:: VISRAM
Name Suffix::
City of Residence:: Markham
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 2 Buttonfield Rd.
City:: Markham
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L3R 9E9

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Krishan
Middle name::
Family name:: SHAH
Name Suffix::
City of Residence:: Mississauga
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 5102 Durie Rd.
City:: Mississauga
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L5M 2C7

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Amanda
Middle name:: April
Family name:: HARTLEY
Name Suffix::
City of Residence:: Brampton
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 8 Redcastle St.
City:: Brampton
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L7A 1P1

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swapat@swabey.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This application [CBB1] Continuation-in-Part 10/347,366 [CBB2] January 21, 2003

ASSIGNEE INFORMATION

Assignee name:: Baylis Medical Company Inc.
Street:: 5253 Decarie Blvd.
 Suite 540
City:: Montreal
State or Province:: PQ
Country:: Canada
Postal or Zip Code:: H3W 3C3